



MCH Family Outreach

Offering Hope Since 1890



FOSTER CARE HANDBOOK

MCH Family Outreach Office

Address: _____

City, State and Zip: _____

Office Phone Number: _____

MCH Case Manager: _____

Email: _____ Phone: _____

MCH Family Outreach Director: _____ Phone: _____

MCH Vice President for Programs: Traci Wagner Email: TWagner@MCH.org

MCH.org

MCH Foster Care Handbook

Dear Parent/Guardian,

Welcome to Methodist Children's Home (MCH)! No matter what circumstances brought you here, it is our hope that you will find MCH Foster Care to be a welcoming place of healing and promise. MCH foster homes provide children with a safe, nurturing, Christian home while case managers work toward the goal of returning children to the care of parents/guardians. Foster care is meant to be a temporary placement. Voluntary placement should average 3 to 12 months. CPS placement may be extended if deemed necessary by a judge. If return to your home is not possible, MCH will work with you to develop a permanency plan for your child.

This handbook was developed to help you and your child to understand what to expect during placement. This handbook is for both children and their caregivers, but we include a section with information specifically designed for parents, guardians and managing conservators. If you have questions or concerns and you do not find the answer here, please contact your case manager. Please keep this book for your records and review it if you have questions along the way. We are glad you are here.

Welcome,

The MCH Family Outreach Staff

Vision Statement

We empower all we serve to experience life to the fullest.

Mission Statement

We equip children, youth and families to flourish by offering hope through Christ-centered relationships, services and support.

Core Values

CHRISTIAN PRINCIPLES

Apply the principles of the Christian faith which serve as the foundation of this ministry.

RELATIONSHIPS

Build healthy relationships through communication, respect, trust and love.

RESPONSIBILITY

Be accountable for self and others.

GROWTH

Provide opportunities for spiritual, emotional, physical and intellectual development.

SERVICE

Show compassion through generosity and care.

HOPE

Believe in the possibilities of the future.

ONE MCH

We created a collection of strategic commitments that we call ONE MCH. We believe ONE MCH brings us together as a ministry and is vital to developing the culture needed to achieve the important outcomes contained in our strategic plan.



FIVE-STAR SERVICE

We commit to serving others at the highest level. We provide personal attention and expertise from the point of contact until the need is met – regardless of job title and role. We commit to going above and beyond to meet a family’s needs. We serve others in ways that reflect how Christ models service for us.



AUTHENTIC ACCOUNTABILITY

We commit to measuring outcomes to hold ourselves accountable for identifying areas of improvement while celebrating our strengths. The MCH Core Values and Life Skills are guiding principles for our interactions with supporters, colleagues and those we serve. As a learning organization, we are committed to continuous quality improvement to achieve strategic and intentional growth.



FOCUSED AND FLEXIBLE MINISTRIES

We commit to achieving our strategic plan, guided by best practices, to ensure we remain focused on our vision and mission. While we are committed to planned change, we are blessed with expertise and resources that enable us to respond quickly to unanticipated challenges and new opportunities in communities throughout Texas and New Mexico.



CULTURE OF LEARNING

We commit to being relevant as we continually learn and collaborate to meet unique needs and challenges of families and communities in Texas and New Mexico. We seek diverse insights and opportunities to grow in our mission. There is no chain of command on ideas at MCH in order to create a free flow of learning.

Daily Living

MCH foster homes are responsible for meeting your physical, emotional, educational and spiritual needs. You will learn how to develop and maintain healthy relationships with adults and other children. Each foster home has rules that you are responsible for following. There are four basic rules that guide each foster home and should guide you in your own behavior and relationships with others.

- Be safe.
- Be respectful.
- Be responsible.
- Be helpful.

You will have opportunities to participate in age-appropriate activities in your foster home, school and community; and you will have the opportunity to earn privileges to help you learn acceptable behavior and self-control. Your foster parents are responsible for determining the privileges you can earn. These privileges may be removed, limited or adjusted by your foster parents when needed or as a consequence of misbehavior.

Family Contacts and Gifts

Visits with your parents, siblings and other family members are encouraged unless restricted by your managing conservator or court order. How often and where the visits occur are decided by your parents/guardians and your MCH case manager. Visits may happen at your case manager's office, at your parent's home or somewhere in the community like a park or restaurant.

You may receive and send mail to your family unless this has been restricted by your managing conservator or court order. Mail will be sent to your MCH case manager who will forward it to your foster parents. Phone calls to and from your family will be scheduled and arranged through your MCH case manager.

You may give and receive gifts from family and friends. Gifts you receive from family, friends, foster parents and MCH belong to you. Sometimes there are limits on the size, value and type of gifts that you can keep in your foster home. Any limitations

on gifts and personal possessions will be explained to you by your MCH case manager. You are not expected to give gifts to your foster parents or MCH case manager. You may give gifts of a sentimental nature to your foster parents and MCH case managers, but gifts of a significant value are not permitted.

Personal Possessions

You are permitted to bring personal possessions from home. These personal possessions must be appropriate for shared living space and possessions that are harmful, disruptive or prohibited by program rules are not permitted. Your MCH case manager and foster parents can answer questions on specific items you would like to bring from home. MCH discourages bringing personal possessions that would be a significant loss if damaged, lost or stolen. MCH assumes no responsibility for the return of damaged, lost or stolen items.

Cell Phones

Children are permitted to come into care with a cell phone. Each foster home will have specific guidelines around cell phone use which will be discussed with child, foster family and MCH staff upon admission or receiving cell phone. These guidelines will be based on child maturity and needs and are subject to change. Inappropriate use of cell phones will be discussed by the child's care team and may result in the loss of this privilege.

Spiritual Development

MCH accepts children into care regardless of your religious beliefs or background. You will attend church services and other religious activities as determined by your foster parents. Foster parents are counseled on the importance of supporting your religious beliefs, traditions and expressions of your faith experience and are encouraged to include opportunities for you to attend and worship in a your faith tradition. You will not be required or coerced into making any religious decisions.

Daily Living

Educational Policy

All school age children will attend a public school or a school program that is accredited and is performing at the acceptable level as rated by the Texas Education Agency. Preference is given to the local public school system where your foster home is located unless there is a compelling reason that you should be enrolled at a different school to meet your educational needs. You and your parent will be involved in any decision to enroll you in a different school and prior approval by your parent/guardian is required to make this change.

Medical Care

You will have regular check ups with a doctor while you are in foster care and anytime you are sick. You will visit a dentist when you come into foster care, and regularly to make sure your teeth are clean and healthy. During your placement, you will be able to see doctors, dentists, eye doctors, and a counselor as needs arise.

You or your family can hire your own therapist, attorney, doctor, or dentist if you have the need for these.

You do not have to take medication that you do not need or for a longer period of time than you need it.

You can receive counseling services designed for someone your age, and you do not have to receive services with adults.

The Child and Adolescent Needs and Strengths (CANS) assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring. All children ages 3-17 years old will have a CANS assessment within 30 days of admission and every year thereafter. MCH Case Manager will assist foster family in finding a CANS provider.

The Columbia Suicide Severity Risk Scale (C-SSRS) is the suicide risk screening tool that MCH administers

to children in MCH Foster Care Program. The C-SSRS is supported by evidenced-based research that has deemed this tool as a reliable screening tool. All staff who administer this screening tool will receive the required training prior to use. At admission to the MCH Foster Care Program, each child 10 years of age and older will be screened by an MCH staff member for suicide risk using the C-SSRS. Children younger than the age of 10 will be screened for suicide risk if any of the following apply:

1. the information provided at the time of admission indicates the child has a history of suicide attempts or suicidal thoughts; or
2. the parent/guardian/managing conservator requests that a screening be administered due to the child's risk factors or warning signs of suicide.

The C-SSRS will then be administered by an MCH staff member every 90 days for children 10 years of age or older and immediately when any child exhibits warning signs of suicide that necessitate a suicide screening be conducted. The screening will be conducted in a way that protects the child's privacy and it will be uploaded into the child's record. Any risk will also be noted in the child's admission assessment and plan of service. If the C-SSRS finds the child to show a risk of suicide, MCH staff will complete any additional risk assessments that are needed, determine the need for a safety plan, and connect the child to acute mental healthcare if needed.

Trips Away from your Foster Home

You will be involved in events/activities in the community with your foster family. These include sporting events, school activities, church events, visiting friends and neighbors, shopping and recreational activities. Occasionally, foster families will travel outside their local community on overnight trips and vacations. Foster families will keep MCH fully informed of these trips away from your foster home. Permission from your parent/guardian will be sought and approval by the Vice President for Programs will be required before you may travel outside the State of Texas.

Child's Rights and Responsibilities

Admission to any MCH program is based upon the applicant's needs and the ability of MCH to meet those needs within the established program admission eligibility criteria and not based on race, religion, national origin, or sexual orientation. MCH provides services in a manner that respects the personal dignity, confidentiality and privacy of those served. MCH ensures that all persons served or their legal representatives are informed of their rights and responsibilities arising from receipt of MCH services upon placement or the first face-to-face meeting. MCH recognizes the rights of all clients to question decisions made concerning services provided and to file any grievance for unfair treatment, discrimination or a violation of client rights.

Children in placement have additional rights that cover safety, normalcy, family contacts, discipline, service planning, medical care, confidentiality of records, and reporting concerns to outside authorities. These rights are cumulative of any other rights granted by law or licensing standards and include the following:

You have the right to:

1. Safety and care, including:
 - (A) The right to good care and treatment that meets your needs in the most family-like setting possible;
 - (B) The right to be free from abuse, neglect and exploitation;
 - (C) The right to fair treatment.
2. Family contacts, including the right to maintain regular contact with your parents and siblings, unless restrictions are necessary because of your best interest, the decision of an appropriate professional, or a court order
3. Living a normal life, including:
 - (A) The right to be able to communicate in a language or any other means that is understandable to you at admission or within a reasonable time after and emergency



Child's Rights and Responsibilities

(B) The right to receive educational services appropriate to your age and developmental level;

(C) The right to have your religious needs met;

(D) The right to participate in childhood activities, including unsupervised childhood activities away from the operation and the caregivers, that are appropriate for your age, maturity and developmental level;

(E) The right to privacy, including sending and receiving unopened mail, making and receiving phone calls, keeping a personal journal, and having visitors, unless your best interest, appropriate professionals, or court order necessitates restrictions;

(F) The right to personal care, hygiene, and grooming equipment and supplies and training in how to use them;

(G) The right to have comfortable clothing, which is suitable to your age and size and similar to the clothing of other children in the community. You should have reasonable opportunities to select the clothing;

(H) The right to clothing that protects you against the weather;

(I) The right to have personal items in your room and to get additional items within reasonable limits;

(J) The right to personal space in your bedroom to store your clothes and belongings;



(K) The right to be informed of search policies and be free of unreasonable searches and unreasonable removal of personal items;

(L) Depending on your age and maturity, the right to seek employment, keep your own money, have a bank account in your name, and get paid for any work done for the operation as part of your service plan or vocational training, with the exception of assigned routine duties that relate to your living environment, such as cleaning your room, other chores or work assigned as a disciplinary measure;

(M) The right to consent in writing before taking part in any publicity or fundraising activity for the operation, including the use of your photograph;

(N) The right to refuse to make public statements showing gratitude to the operation;

(O) The right to not be pressured to get an abortion, give up your child for adoption, or parent your child, if applicable.

Child's Rights and Responsibilities

4. Discipline, including:

(A) The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating treatment or punishment. This means you must not be:

- (i) Shaken
- (ii) Subjected to or threatened with corporal punishment, including spanking or hitting
- (iii) Forced to do unproductive work that serves no purpose except to demean you, such as moving rocks from one pile to another or digging a hole and then filling it in
- (iv) Denied food, sleep, a bathroom, mail, or family visits as punishment
- (v) Subjected to remarks that belittle or ridicule you or your family
- (vi) Threatened with the loss of placement or shelter as punishment and
- (vii) Subjected to demeaning behavior to embarrass, control, harm, intimidate, or isolation. "Demeaning behavior" may include using physical force, rumors, threats, or inappropriate comments

(B) The right to discipline that is appropriate to your age, maturity, and developmental level; and

(C) The right to have restrictions or disciplinary policies explained to you at admittance and when the measures are imposed.

Plans for you while in care, including:

(A) The right to have a comprehensive service plan that addresses your needs, including transitional and discharge planning; and

(B) The right to actively participate in the development of your service plan within the

limits of your comprehension and ability to manage the information. You have the right to a copy or summary of the plan. A child 14 years of age or older has the right to review and sign the service plan, unless this is a reason not to provide the plan.

Medical care and records, including:

(A) The right to medical, dental, vision, and mental health care and developmental services that adequately meet your needs. The right to request that the care or services be separate from adults (other than young adults) who are receiving services;

(B) The right to be free of unnecessary or excessive medication; and

(C) The right to confidential care and treatment, including keeping medical records and operation records private and only discussing them when it is about your care; and

5. Complaints, including the right to make calls, reports, or complaints without interference, coercion, punishment, retaliation, or threats of punishment or retaliation. You may make these calls, reports, or complaints anonymously. Depending upon the nature of the complaint, you have the right to call, report, or complain to:

(a) The DFPS Texas Abuse/Neglect Hotline at 1-800-252-5400

(b) The HHSC Ombudsman for Children and Youth Currently in Foster Care at 1-844-286-0769

(c) The DFPS Office of Consumer Affairs at 1-800-720-7777

(d) Disability Rights of Texas at 1-800-252-9108

Child's Rights and Responsibilities

If you are a child in the custody of Child Protective Services (CPS):

You have the right to know why you are in foster care and what will happen to you. You also have the right to know what is happening to your family members, including brothers and sisters, and how CPS is planning for your future.

You have the right to go to all court hearings (including status hearings, permanency hearings, and placement review hearings) that affect where you have been placed, and you have the right to speak to the judge in those hearings.

You have a right to understand and have a copy of the Rights of Children and Youth in Foster Care.

If you are in CPS custody and 16 years old or older:

You have the right to attend Preparation for Adult Living (PAL) classes and activities as they are appropriate to your case plan.

You have the right to a comprehensive transition plan that includes planning for your career and help to enroll in an educational or vocational job training program.

You have the right to be told about educational opportunities when you leave care.

You have the right to get help in obtaining an independent residence when you age out of care.

You have the right to one or more Circle of Support Conferences or Transition Planning Meetings.

You have the right to participate in youth leadership development opportunities.

You have the right to consent to some or all of your medical care as authorized by the court and based on your maturity level. For example, if the court authorizes, you may give consent to diagnose and treat an infectious, contagious, or communicable disease; to examine and treat drug addiction; to counseling related to preventing suicide, drug addiction, or sexual, physical, or emotional abuse; and to hospital, medical, or surgical treatment (other than abortion) related to the pregnancy if you are unmarried and pregnant. If you consent to any medical care on your own, without the court or DFPS involved, then you are legally responsible for paying for your own medical care.

You have the right to request a hearing from a court to determine if you have the capacity to consent to medical care.

You have the right to help getting your driver's license, Social Security number, birth certificate, and state ID card.

You have the right to seek proper employment, keep your own money, and have your own bank account in your own name, depending on your case plan and age or level of maturity.

You have the right to get necessary personal information within 30 days of leaving care, including your birth certificate, immunization records, and information contained in your education portfolio and health passport.

Client Grievance Process

1. If a child in care believes that he/she has been abused or neglected by a caregiver or employee/volunteer of the agency, he/she should contact the Child Abuse Hotline at 1-800-252-5400 or report on line at:
<https://www.txabusehotline.org>.
2. Anytime that a child feels that his/her rights have been violated or they have a significant problem or concern that they have been unable to resolve, it is a grievance and should follow the grievance process. Examples of issues that typically lead to grievances are unfair treatment, violation of client rights, discrimination, safety, or program issues.
3. Grievances may be provided to the Director. Examples include phoned-in complaint, email or verbal complaint.
4. Every child receives an age-appropriate explanation of the grievance process at admission. All grievances that include issues of safety, unfair treatment, discrimination, violation of client rights, or other program issues that rise to the importance of making a formal complaint are considered important and will be reviewed and a response will be provided to the client.
5. An investigation of the grievance is initiated and completed by the most appropriate personnel within 3 business days of receipt of the grievance and a written response is provided within 14 days to the aggrieved person. Grievances of a critical nature will be handled immediately.
6. If the complainant is not satisfied with the outcome, there is a right to appeal the decision by submitting a written response to the Vice President for Programs who will review the decision with the appropriate personnel and respond to the appeal within 14 days.
7. If still unsatisfied with the outcome, the complainant has the right to submit another appeal in writing to the Vice President for Programs or President and CEO whose response is the final step and determination in the grievance process.
8. Client grievances are filed in the client record. A copy of all grievances is kept with the Programs Continuous Quality Improvement (CQI) Committee.
9. Program Administrators track the grievances and report on resulting themes to the CQI committee for performance and quality improvement planning and risk management review. The themes are included in the CQI minutes along with any action items that result from the process. The number, themes and resolution of grievances are reported to the Program Committee of the Board of Directors at each meeting and captured within the Program Committee minutes. Any type of retaliation will be addressed through disciplinary action up to, and including, termination of employment.

Parent/Guardian/Managing Conservator Grievance Process

Methodist Children's Home also provides a grievance system that allows a parent/guardian/managing conservator to question decisions made concerning their child, services provided, and/or concerns about potential violations of child rights. Parents/guardians/managing conservators have the right to appeal to the director of the child's program area and ultimately to the president of MCH if they feel treatment is unfair, discriminatory or unhelpful. Parents/guardians/managing conservators are empowered to resolve grievances with the Program Director by a phoned-in complaint, email or verbal complaint. If concerned, parent or managing conservators may also speak directly to a case manager, director or administrator.

(Related: Client Grievance Policy)

Guidelines on Discipline

The goal of all discipline is to connect with the child and correct behavior, preventing the need for more restrictive measures of intervention and increasing a child's ability to make positive choices in managing their own behavior. MCH utilizes Trust-Based Relational Intervention (TBRI) as a means to help children heal, learn and grow through the provision of nurturing relationships and structure in their daily routine. Discipline is based in investing, connecting, empowering, and correcting principles that include playful engagement, structured engagement, calming engagement, and proactive engagement in response to a child's behavior. Caregivers are supported in providing an IDEAL approach to discipline to solve behavioral challenges quickly and effectively, without breaking the connection between the caregiver and the child. The IDEAL response is:

Immediate (within seconds whenever possible);

Direct (engages the child through eye contact, proximity and touch whenever possible);

Efficient (maximizes playfulness when possible and uses as few words as possible);

Action-based (maximizes learning through action-based techniques); and

Leveled at the behavior (not the child).

Client Satisfaction Surveys

At MCH we want to ensure that children and parents/guardians/managing conservators are receiving quality care. Children in MCH care and parents/guardians/managing conservators will have the opportunity to complete a satisfaction survey 45 days after placement and then one year following the date of the first survey. Surveys are reviewed and follows ups are completed as necessary and/or if they are requested.

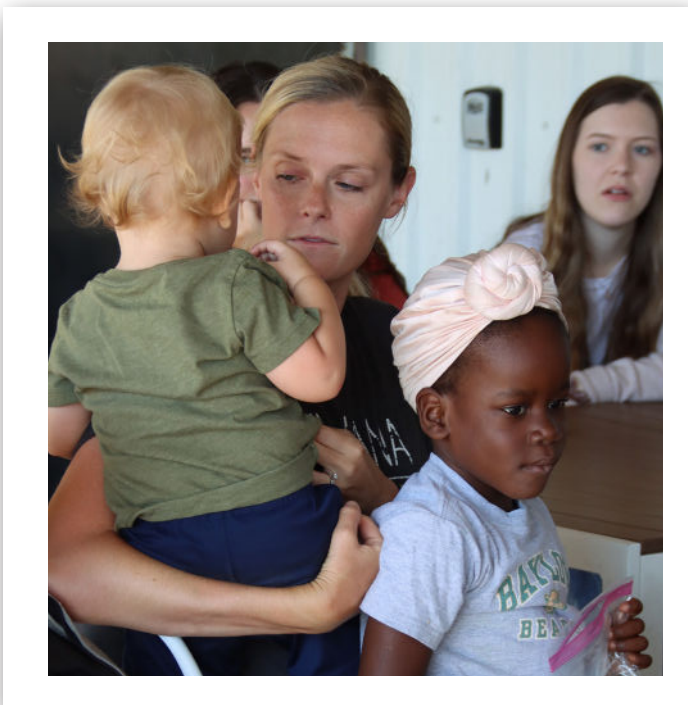
Emergency Behavior Intervention

We are committed to promoting an environment where conflict resolution and problem solving are taught and reinforced for children. Our program is designed to teach children alternatives to aggressive behavior and to help them learn alternate ways to manage behaviors that are unacceptable in personal relationships and society.

MCH believes that emergency behavior intervention is the last alternative when working with a child who is experiencing emotional upset and is at risk of physical harm to themselves or others. Staff are trained to respond to children in crisis and to resolve conflict using MCH-approved intervention techniques. Less restrictive behavior interventions include verbal redirection, quiet time, peer mediation, and brief personal restraint.

In addition, during your admission process, you indicated your de-escalation preferences. Staff are made aware of these and are required to attempt to utilize these prior to the use of restraint.

Staff utilize personal containments in urgent situations where immediate intervention is needed and the child has not responded to verbal redirection or it has been ineffective. Urgent situations include external danger that causes imminent significant risk to the child; behavior that creates a significant disruption in the home, classroom or environment; or behavior that is dangerous to the safety and well-being of other children.



Only staff or foster parents trained in emergency behavior intervention are permitted to initiate or participate in the personal containment of a child aged 5 years or older. MCH staff only uses physical containments of children and will not use chemical or mechanical restraints on any child in care. Staff will discontinue all containments as soon as the child is no longer in danger to themselves or others, or if the child becomes physically distressed.

If you feel that you have been contained inappropriately, you must report this immediately to the on-call worker or any staff member. After every containment, you will have the opportunity to review the events leading to the containment and to discuss the containment in private. You will have the

opportunity to discuss how to implement your preferred de-escalation techniques to avoid the need for future containments, receive any care for immediate physical and emotional needs, and make a plan to return to routine activities as soon as possible.

Parents/Guardians/Managing Conservators Information

As a parent or guardian of a child being placed in the MCH Foster Care program, you have decided to enter into a partnership with us. The primary purpose of this partnership is to aid your child and family in achieving goals, build on your child's assets and strengthen family relationships. As a partner with MCH, you will have ongoing responsibilities to both your child and MCH while your child is in our care.



Children in care benefit from consistent contact with their family. Family participation in a child's placement is vital. Many resources and opportunities for family participation are available.

Parents are expected to participate actively in their child's program at MCH. This will include contacting their child by phone and/or mail, regular visits with your child, and regular contact with your child's case manager.

MCH Foster Care Program

MCH is licensed by the State of Texas to approve and license foster homes. MCH foster homes provide a temporary out-of-home placement for children and youth while their parent/guardian works toward reaching goals so that the child can return home to the parent/guardian. Foster care is meant to be short-term, ranging from 3-12 months, until you can resume parenting. MCH is licensed by the State of Texas to provide foster care services to children, youth, and families. MCH foster homes

provide your child with a safe and nurturing home.

Your child's needs are the most important consideration in determining which foster home MCH chooses for him or her. Your child will be matched with a foster family that is screened and trained by MCH to provide a loving, temporary home. MCH places children with families that can best meet the child's specific

needs. MCH case managers will supervise your child's placement by making regular visits to the foster home and maintaining contact with the foster family.

It is very important for children to have safe, permanent homes. The goal at MCH is always family reunification as soon as possible. It is very important that the parent/guardian remains in consistent contact with the MCH case manager throughout your child's placement with MCH Family Outreach.

Indian Child Welfare Act Policy

MCH makes every effort to comply with the Indian Child Welfare Act (ICWA) in its work with children needing out-of-home care. In cases where ICWA is applicable, MCH works collaboratively with tribal social workers in planning and providing for the child's health, safety, well-being, and permanency.

MCH recognizes tribal court orders and acts and gives them full faith and credit.

Parents/Guardians/Managing Conservators Information

Plan of Service Meetings

Parents/guardians/managing conservators are encouraged to attend their child's preliminary plan of service which takes place within 72 hours of the admission date and usually takes place on the day of admission. Plans of services are updated within 30 days of the admission date and every 90 days thereafter. Plans of service can be reviewed more frequently as needed. Care team members, including the parent/guardian/managing conservator will be notified two weeks in advance of plan of service reviews. Parental participation in the plan of service process is essential to developing an effective plan for the child and to facilitate communication between the child, the family and/or managing conservator and MCH.

Visitation and Correspondence Guidelines

MCH encourages family contact. Consistent and regular contact with parents and family members is essential to your child's well-being. You can support your child through:

- **Visits** – Families are encouraged to visit their child often unless contact is restricted by the managing conservator or by court order. The frequency and type of visit are arranged collaboratively between the child, family and/or managing conservator and MCH. Any limitations on visits will be documented in the child's plan of service.
- **Mail** – Families are encouraged to maintain contact with their child through mail unless restricted by the managing conservator or by court order.

Mail should be sent to the appropriate MCH location and will be forwarded to the child through their Case Manager. Any child who cannot independently read will be assisted with reading their mail. Any limitations on contact will be documented in the child's plan of service.

- **Telephone, Electronic Mail and Electronic messages** – Families are encouraged to maintain contact with their child through telephone contact, email and electronic messages unless restricted by the managing conservator or by court order. The location and schedule for phone contact will be arranged collaboratively between the child, foster parents and MCH. All contact between parent/managing conservators is arranged through and approved by the Case Manager. Any limitations on contact will be documented in the child's plan of service.
- **Gifts** – Children may give and receive gifts from family and friends unless restricted by the managing conservator or court order. Children may give and receive gifts from other children in care, but gifts of a significant monetary value are discouraged. Children may receive gifts from the agency. Gifts become the personal property of the child. Gifts should be limited in size and value in consideration of the program rules and the space constraints in the foster home. Gifts from children in care to foster parents and MCH are not expected and should be of sentimental nature only.

Parents/Guardians/Managing Conservators Information

Guidelines For Financial Participation

Methodist Children's Home provides services to children regardless of the family's ability to pay for service and has established a sliding fee scale to ensure services are accessible to all families. When appropriate, benefits such as Social Security, Supplemental Security Income (SSI) and court-ordered child support will be assigned to MCH during the period the child is in care. No child will be refused services based on their family's inability to pay for services. MCH asks that parents/managing conservators keep MCH fully informed of any changes in their financial circumstances which influence their ability to maintain such support.

Tobacco and E-Cigarette Use

A child may not use or possess tobacco products, e-cigarettes or any type of vaporizers. No one may smoke tobacco products, e-cigarettes or vaporizers inside any MCH building or foster home. No one may smoke tobacco products, e-cigarettes or vaporizers inside an MCH owned vehicle or in any vehicle when transporting children in care.

Unplanned Discharges

MCH is committed to working with children through issues that arise during placement. However, discharge from an MCH foster home may be necessary in the following circumstances:

- The child becomes a danger to self or others.

- The child requires treatment for a chemical dependency.
- The child's needs for structure and support services exceeds the capacity of the program.

Parental Notification

MCH staff is responsible for notifying the parents or managing conservators of the following:

Involvement in serious incidents – MCH staff will notify the parent/managing conservator of all serious incidents where licensing standards require parental notification.

Plan of Service Meetings – MCH will notify the parent/managing conservator at least two weeks prior to a scheduled plan of service meeting for their child.

Prescription for psychotropic medication – MCH will notify the parent/managing conservator prior to the administration of any prescribed psychotropic medication to a child in care. In cases where parental notification is not possible, medication will not be administered without approval by a licensed administrator.

Involvement in personal containment – MCH will notify the parent/managing conservator of any incident in which MCH staff uses a personal containment to manage their child's behavior.

Parents/Guardians/Managing Conservators Information

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Legal Proceedings or Grievances – MCH will notify the parent/managing conservator of any legal proceedings or grievances concerning their child.

Reports – MCH will communicate progress, significant events and achievements in regular and routine communications, at least monthly, with the parent/managing conservator which will be documented in the client record.

Confidentiality, Privacy Protection and Publicity

Methodist Children’s Home, in accordance with state licensing and national accreditation standards, prohibits the participation of any child in public performances that represent MCH without informed consent of the child, parent or managing conservator. MCH does not require children to make any public statements expressing gratitude to the organization, photographs, video, audio interviews, artwork, or creative writing for public relations or fundraising purposes without the informed, written consent of

the child or parent/managing conservator. MCH will maintain updated operational procedures regarding materials to be purged, accessed, disclosed and retained. MCH will attempt to comply with all state and federal laws, rules and regulations relating to confidentiality, access, disclosure, and retention of client records. MCH does not conduct research with children in care.

Use of Volunteers

MCH Family Outreach occasionally utilizes volunteers to provide services or assist with foster care program events. The only formal volunteers used are student professionals completing required internships or field placements. All volunteers in this capacity must meet the same requirements as staff members and adhere to all personnel policies and practices. Other individuals occasionally provide parties, activities, gifts, or recognition for children’s accomplishments. These individuals are never alone with any foster child and have no ongoing relationship with foster children. No personal or identifying information about children in care is shared with these individuals.



Parents/Guardians/Managing Conservators Information

Health Care

Methodist Children's Home is committed to promoting the health and safety of children served. Children admitted to MCH are provided immediate access to medical and dental care upon admission. Individualized plans to meet routine medical and dental needs are created and reviewed as part of the child's Plan of Service. Routine medical and dental care is provided by licensed health care treatment providers, physicians and dentists. Emergency medical and dental care is available at all times.

Parents/guardians/managing conservators with healthcare insurance benefits for their child are expected to maintain these benefits during the child's placement. Conservators are financially responsible for medical and dental expenses that are billed through their healthcare insurance. MCH will attempt to qualify all children in care for Medicaid coverage.

MCH does not admit children that are pregnant. However, should a youth in care become pregnant, measures to provide appropriate health and medical care will

be taken in accordance with the Minimum Standards for Child-Placing Agencies. An individualized plan to transition the child to a more appropriate placement is developed. This plan includes how MCH will meet the child's need for specialized medical care while the child is in MCH care.

Policy Changes

Methodist Children's Home reserves the right to change policies and procedures at any time. All changes will be made in accordance with the Texas Department of Family and Protective Services' minimum standards. All changes in policy are reviewed by the MCH Board of Directors before implementation. Changes in policies and procedures will apply to both prospective children and those already enrolled. This handbook includes general information only, and it is not intended to, nor does it, contain all regulations that relate to children placed in the foster care program.



Parent's Rights and Responsibilities

Rights of Parents who are utilizing MCH Foster Care Services:

1. The right to be treated with courtesy, consideration, and respect.
2. The right to participate in planning for their child, to have written notice of the service planning meeting and Plan of Service reviews, and to receive a written copy of the service plan and service plan reviews.
3. The right to have reasonable visitation and communication with their child as agreed upon in the Plan of Service or Court Order and arranged through the MCH assigned case manager.
4. The right to have their cultural, religious, ethnic, or racial heritage respected and reflected in the service plan.
5. The right to participate in educational planning for their child.
6. The right to be informed of and consent to medical, dental, surgical, psychological and psychiatric services. MCH staff make every effort to obtain informed consent by a parent prior to medical or dental procedures, psychological or psychiatric services, or administration of psychotropic medications.
7. The right to timely notification of any serious incident affecting the child's health or well-being.
8. The right to timely notification of any legal action or grievance concerning their child.
9. The right to maintain legal custody of their child unless it has been demonstrated that this would jeopardize the child's health and welfare as determined by a court. Parents should be aware that abandonment, abuse, neglect or failure to maintain an active and on-going parental interest in a child placed in foster care may become a basis for a caretaker to petition the court to terminate rights once a child has been in the care of that caretaker for at least six (6) consecutive months.
10. The right to have access to information maintained by the agency about them and to correct any errors contained in those records within agency guidelines which take into consideration others' right to privacy.
11. The right to have information maintained by the agency about them kept confidential.
12. The right to terminate placement through the discharge process.
13. Rights are limited for a parent who fails to provide financial and/or emotional support for their child and participate in the Plan of Service and care needs of their child



Frequently Asked Questions

Q: Can I get my child back at any time? (voluntary placements only)

A: MCH Family Outreach requires written notice of your intent to remove your child from care. We want to complete a safety assessment and help support your decision prior to your child being discharged from care. It is best to stay in touch with the case manager about your situation.

Q: Where do the foster parents live and what are they like?

A: In order to protect the confidentiality of you and the foster family, MCH will only tell you the town where the foster parents live. We can also tell you a little about the foster parents and their family such as how many children are in the home and the activities that the family enjoys together.

Q: Will I get to meet the foster parents?

A: You will be able to meet the foster parents if all parties (you, MCH staff, and foster parents) agree to the meeting and it is in your child's best interest.

Q: What items do I need to provide for my child while they are in foster care?

A: You are not required to provide any specific items while your child is in care; however, you are welcome to bring anything that you think might help your child cope with being apart from you. You are also welcome to bring anything that you think your child might need or want.

You are allowed to bring personal possessions from home within limits and within the guidelines of the program. Personal possessions that are harmful, disruptive, or prohibited by program rules are not allowed. Prohibited items include but are not limited to the following: weapons of any kind; fireworks; and movies, music, or games that are rated restricted or mature, come with a parental advisory label, or are deemed inappropriate for minors.

MCH discourages you from bringing items that would present a significant loss to you if the item was damaged or lost.

Q: When will I get to visit with my child? (voluntary placements only)

A: The MCH case manager will discuss and plan a visitation schedule with you. He or she will take into consideration your availability for visits, the foster parent's schedule, as well as the child's class schedule and other activities if they are school-aged. Weekly visits with your child are recommended. If visits are inconsistent or a parent does not attend scheduled visits, the case manager may make other arrangements (like asking you to call one hour before to confirm the visit) before a visit is scheduled.

Q: Who else can come to the visit with me? (voluntary placements only)

A: We want the parent(s) to visit the child alone initially, and then we can decide together who else should visit. Please do not attempt to bring anyone who is not related to the child to visits.

Frequently Asked Questions

Q: What am I allowed to bring to visits?

A: *You are not required to bring anything at all, but you can bring snacks or gifts for your child if you would like. If you believe a favorite blanket or story book might help your child feel more comfortable during the visit, please feel free to bring the object with you.*

Q: Will my child stay with the same foster family until I am able to parent them?

A: *MCH works diligently to ensure that your child remains placed in the same foster home throughout his or her placement in care, and we are committed to working with children and youth through issues that arise during placement. Our hope is that children experience the same foster family for the entire placement; however, specific issues could cause that placement to change. The MCH case manager should discuss this more with you at the time of placement.*

Q: Will I be notified if something happens to my child such as a major illness or injury?

A: *The MCH Family Outreach staff will keep parents or managing conservators informed of the status of a child's care, especially in situations where a serious incident has occurred or where a parent's consent is needed for specific medication or medical treatment. For these reasons, it is very important that you provide us with the correct contact information for you and other family members at all times.*

Q: How long can my child stay in care?

A: *Typical foster care placement is 3-12 months long. We want to give you time to get prepared and feel supported for full-time parenting. CPS place may be extended if deemed necessary by a judge.*

Q: Who will know that my child is placed in foster care?

A: *MCH staff and foster parents will protect your child's identity. Based on your child's age, he or she will be able to participate in activities that any other child would participate in, so teachers, day care providers, or others may know that your child is living with a foster family. Also, the MCH case manager assigned to you will want to know if there are others in your family or close friends who you would want to visit with your child during the placement.*

Q: Will MCH provide services to me in order to help me get my child back?

A: *MCH will assist in connecting you to resources and will provide a family service plan to help guide the process.*

Q: If I receive child support or state supported benefits such as WIC, SNAP, or TANF – am I obligated to report to them that my child is in foster care?

A: *You should contact any services that you and your child currently receive to notify that service of the change to your family and household, unless doing so would cause harm.*

Frequently Asked Questions

Q: How will my child be disciplined while in MCH's care?

A: Foster parents are not allowed to spank foster children placed in their home. MCH ensures that all children placed in its care are treated with respect at all times. Foster parents must choose discipline that matches the child's age and level of development. We also require that they use discipline that teaches the child how to behave differently next time the same situation occurs. No child in MCH care may be deprived of necessities or subject to cruel, harsh, unusual, or unnecessary punishment.

Q: What can I do if I have a complaint?

A: You can contact the case manager directly if you have an issue with any aspect of your child's placement. If you do not feel comfortable speaking with the case manager, you may contact the Outreach office and ask to speak with the Director of the office or the Program Administrator assigned to the office.

Q: What if I have problems caring for my child after my child is returned to me?

A: We encourage you to contact us if you have any questions related to your child or feel the need for additional services or support. MCH also has a program that can provide services for you and your child that can help you both adjust to family reunification.

Q: What happens next?

A: The MCH case manager will call (or write a letter, if a phone is not available) you after your child's first night in care, or as soon as possible after the placement. You can call the case manager with any questions you have or information you think MCH would need in order to provide the very best care for your child. MCH is dedicated to providing your child with the most nurturing home environment possible. Thank you for trusting us to care for your child. We look forward to serving you and your child!





MCH Family Outreach

Offering Hope Since 1890

Acknowledgement of Receiving Handbook

Child & Parent/Guardian/Managing Conservator Information

- Methodist Children's Home Mission & Vision Statements and Core Values
- ONE MCH Commitments
- MCH Life Skills
- Child Privileges
- Steps to Success
- Residential Program Description
- Educational Program Description
- Spiritual Development
- Student Enrichment
- Independent Living Skills
- Clothing
- Physical Displays of Affection
- Daily Schedule
- Personal Possessions
- Child Rights
- Client Grievance Process
- Parent/Guardian/Managing Conservator Grievance Process
- Guidelines on Discipline
- Client Satisfaction Surveys
- Emergency Behavior Intervention

Parent/Guardian/Managing Conservator Information

- Indian Child Welfare Act Policy
- Plan of Service Meetings
- Visitation & Correspondence Guidelines
- Cell Phone Guidelines
- Internet & Social Media Guidelines
- Guidelines for Financial Participation
- Tobacco, E-Cigarette, Alcohol & Illegal Substance Use
- Unplanned Discharges
- Parental Notification
- Confidentiality, Privacy Protection and Publicity
- Volunteer and Mentor Program
- Overnight and Offsite Activities
- Healthcare & Behavioral Healthcare
- Columbia Suicide Severity Risk Scale
- Policy Changes

Parent/Guardian/Managing Conservator Signature

Date

Child Signature

Date

Staff Signature

Date